

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Billena, Mathilda (ARCH)	CHAPTER 100.1
Address: 94-1169 Limahana Street, Waipahu, Hawaii 96797	Inspection Date: November 28, 2017 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Household member #1, no current physical examination.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Mixed up to the others paper. Carefull next time to put together w/ the other PQ's</i></p>	<p><i>11/30/2017</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Household member #1, no current physical examination.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>not to mixed w/ the other papers. like put all together the PQs</i></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><u>FINDINGS</u> Resident #1, no current inventory (2015.)</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Completed #1 inventory of his things & always do it if any admission or new client to come in.</i></p>	<p><i>1/15/2018</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><u>FINDINGS</u> Resident #1, no current inventory (2015.)</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>1. Tell the resident that when they go out & bring new belongings let me know.</p> <p>2. Add the new items to the inventory.</p> <p>3. I do review the inventory at the end of the year, I review write & date annual inventory update</p>	<p>9/24/2019</p> <p>RECEIVED</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1, Primary care giver changed the label; i.e., pharmacy label reads, "Haloperidol 2 mg <u>two tablets by mouth every night.</u>" A "sticky note" covering the pharmacy label reads, "Haloperidol 2 mg <u>one tablet daily PRN for agitation or hallucinations.</u>"</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>This med's has been lab.</i></p>	<p style="text-align: center;"><i>9/24/2019</i></p> <p style="text-align: right;">RECEIVED</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1, order and label do not match; i.e., APRN order dated 11/14/17 reads, "Risperidone 0.25 mg one to two tabs at bedtime." Pharmacy label reads, "Risperidone 0.25 mg one to two tabs <u>as needed</u> for agitation and mood regulation at bedtime."</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I received the new label bottle from the pharmacy.</i></p>	<p><i>9/24/2019</i></p> <p>RECEIVED</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1, no evidence of a renewal order; i.e., Order dated 10/27/16 reads, "Simvastatin 20 mg one tablet by mouth every evening". Medication made available 10/27/16 to 11/27/17; however, no renewal orders every four months.</p>	<p>PART 1</p> <p><i>This pt. goes to the Dr that that after, so I call Pharmacy & they call refill to the M.D.</i></p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p><i>Nov 2017</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1, no evidence of a renewal order; i.e., Order dated 10/27/16 reads, "Simvastatin 20 mg one tablet by mouth every evening". Medication made available 10/27/16 to 11/27/17; however, no renewal orders every four months.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Res #1 go 4 8 is month that what he wants, I call Pharmacy the will be the one ask MD to refill, I would MD how many month he give again, so he could while how many month he go back / refill will automatic refill till he go back</i></p>	<i>June 2018</i>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1, six (6) month period between dates of order (03/29/17) and re-evaluation (09/29/17) for the following:</p> <ol style="list-style-type: none"> 1. "Haloperidol 2mg two tablets by mouth every night." 2. "Benztropine 2 mg one tablet by mouth every night." 3. "Risperidone 0.25 mg one table by mouth before bedtime." 	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1, six (6) month period between dates of order (03/29/17) and re-evaluation (09/29/17) for the following:</p> <ol style="list-style-type: none"> 1. "Haloperidol 2mg two tablets by mouth every night." 2. "Benztropine 2 mg one tablet by mouth every night." 3. "Risperidone 0.25 mg one table by mouth before bedtime." 	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>1) Resident who refuses to go to the Dr., I will talk to the APRN-MD about refusing</p> <p>2) ask for orders to change the frequency of re-evaluation.</p> <p>3) When the Resident Condition changes, I will let the Dr. know</p>	<p>9/24/2019</p> <p>RECEIVED</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1, medication discontinued on the medication administration record (MAR). No order to discontinue medication as follows in the MAR:</p> <ol style="list-style-type: none"> 1. On 09/28/17, "Haloperidol 2 mg two tablets by mouth every night" discontinued. 2. On 11/14/17, "Risperidone 0.25 mg one tablet by mouth every night before bed" discontinued. 	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #1, no schedule of activities.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I made the schedule for resident 1 activity</i></p> <p><i>I reviewed w/ the resident & post on the dining area</i></p>	<p><i>9/24/2019</i></p> <p>RECEIVED</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #1, no date for annual tuberculosis clearance.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Resident (1) had has MD in Sept. JB attestation has sign. & filed in his record.</i></p>	<p><i>9/24/2019</i></p> <p>RECEIVED</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #1, no date for annual tuberculosis clearance.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>When they go P.E. always give the T.B. Attestation to be signed when the previous TB skin test positive</i></p> <p><i>When returned home ✓ the signature & form complete then file.</i></p>	<p>9/24/2019</p> <p>RECEIVED</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1, no documentation of changes in medication, resident refusal to keep appointments or to take medications.</p>	<p>PART 1</p> <p><i>To see jts go regular to MD but still refuse</i></p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p><i>Nov 17</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1, no documentation of changes in medication, resident refusal to keep appointments or to take medications.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I will record in progress note my observation about the resident. This includes changes in medication, changes in behavior & special request</i></p>	<p><i>9/24/2019</i></p> <p>RECEIVED</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><u>FINDINGS</u> Resident #1, no notation in progress notes reflecting visits; i.e., APRN office visits on 12/27/16, 03/29/17 and 11/14/17.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><u>FINDINGS</u> Resident #1, no notation in progress notes reflecting visits; i.e., APRN office visits on 12/27/16, 03/29/17 and 11/14/17.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>When I come home from the Drs. Appt. the purpose of this visit + also if get new orders</i></p>	<p><i>9/24/2019</i></p> <p>RECEIVED 9/24/2019 11:42 AM</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p><u>FINDINGS</u> Resident #1, "Resident Emergency Information" form not current; i.e., date for last TB test reads, "June 29, 2009."</p>	<p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p align="center"><i>I update the residence ① Emergency information form.</i></p>	<p align="center"><i>9/24/2019</i></p> <p align="right">RECEIVED</p>

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Licensee's/Administrator's Signature: Mathilda O. Billera

Print Name: MATHILDA BILLENA

Date: 9/24/2019

Licensee's/Administrator's Signature: Mathilda Billera

Print Name: MATHILDA BILLENA

Date: June 19 / 2019

Licensee's/Administrator's Signature: Mathilda

Print Name: Mathilda BILLENA

Date: Nov 7 / 2018

RECEIVED

9/24/2019 11:42 AM

STATE OF HAWAII
DOH-OHCA LICENSING SECTION